National Healthcare Quality Report

Update on Current Status

Agency for Healthcare Research and Quality • 2101 East Jefferson Street • Rockville, MD 20852

AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access. The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.

U.S. Department of Health and Human Services Public Health Service

As part of P.L.106-129, the Agency for Healthcare Research and Quality (AHRQ) received a congressional mandate to produce an annual report to the Nation on health care quality. This National Healthcare Quality Report (NHQR) will include a broad set of performance measures that will be used to monitor the Nation's progress toward improved health care quality. The NHQR is intended to serve a number of purposes, such as: (1) demonstrating the validity (or lack thereof) of concerns about quality; (2) documenting whether health care quality is stable, improving, or declining over time; and (3) providing national benchmarks against which specific States, health plans, and providers can compare their performance. The first report is due to Congress in fiscal year 2003, and subsequent reports will be delivered annually thereafter.

The project is being led by AHRQ with collaboration from the National Center for Health Statistics. An interagency work group will develop the final content and design of the report. Other members of the work group include the Office of the Assistant Secretary for Planning and Evaluation, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration.

AHRQ is currently in the design phase of the initiative. To date, work on the NHQR has proceeded in four areas: developing a conceptual framework for reporting; identifying potential measures to populate the framework; identifying data sources for potential measures; and initiating audience research on format and design options for the report.

Conceptual framework

AHRQ commissioned the Institute of Medicine (IOM) to develop a conceptual framework for the NHQR. The IOM formed a 14-member committee of leading experts in quality and quality measurement, chaired by Drs. William Roper and Arnold Epstein. The committee heard testimony from a wide variety of groups, including the National Forum for Healthcare Quality Measurement and Reporting, Foundation for Accountability, National Committee for Quality Assurance, Joint Commission on Accreditation of Healthcare Organizations, leading academic researchers, and international experts. The committee has completed its work and recommended a conceptual framework that includes both dimensions of care (e.g., safety, effectiveness, patient-centeredness, timeliness, equity) and patient needs (e.g., staying healthy, getting better, living with illness or disability, coping

with the end of life). The quality monitoring system developed for the NHQR will be organized around this framework.

Measures

AHRQ has formed an interagency work group to identify candidate measures for the report. This work group developed a "call for measures" that was sent to all relevant Federal agencies. The IOM initiated a complementary call for measures to the private sector. Measures identified through the work group's call to Federal agencies have been combined with measures identified by the IOM's call to the private sector to form a pool of candidate measures for the first report. The IOM identified criteria to evaluate candidate measures, which include importance, scientific soundness, and feasibility. The work group is evaluating candidate measures using these criteria, with the aim of populating the reporting framework developed by the IOM. AHRQ anticipates that there will be adequate measures for some dimensions of the framework but that measures will be sparse for others. Areas where measures are sparse will help define AHRQ's future research agenda in quality measurement.

Data sources

Existing data sources that might be used to support the NHQR are being identified. Potential sources fall into several categories, including population-based data collection efforts, establishment/provider-based data collection efforts, administrative/ regulatory data collection efforts, vital statistics, and surveillance activities. Existing data sources are also being modified to better support the NHQR. For example, AHRQ is enhancing the Medical Expenditure Panel Survey by increasing the size and geographic spread of the sample and adding quality-related content. The first NHQR is expected to rely heavily on existing Federal databases. As time goes on, private data sources will likely take on added importance. AHRQ has begun a project looking at private-sector data that may be appropriate for the report.

Audience research

AHRQ is conducting research to identify the needs of potential audiences for the report and to develop a report designed to meet those needs. There will be several rounds of research, including testing the general design, report organization, and presentation format.

AHRQ has also carried out a project to review existing reporting systems to inform the development of the NHQR. The purpose of the effort was to conduct a comprehensive literature search for information on quality reporting programs in the United States and internationally.

The information will be analyzed to see if there are common themes or best practices among other reporting entities. This input will be used to help design the NHQR prototypes that undergo audience testing. The focus of initial market research for the NHQR is on written products (a short report to Congress that highlights important findings and longer technical appendices that give detailed tables, the specifics of methodology, etc.). As time goes on, AHRQ plans to develop a Web-based product that will allow users to move down from national-level data to obtain detail on quality performance measures for population subgroups and smaller geographic areas (e.g., regions, States).

For further information

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